


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000083864</b> 1. Entity Name <b>DIXON DURKIN KING PRIDGEN LLC</b>	
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Principal Place of Business <b>756 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435</b>	Mailing Address <b>756 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435</b>
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01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1895961</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**INGRAM, DOUGLAS T JR.  
912 S. PALM BLVD.  
SUITE E  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DURKIN, LYDIA KAREN K
STREET ADDRESS	86 PEACOCK ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	MGRM
NAME	KING, LYDIA C
STREET ADDRESS	86 PEACOCK ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	MGRM
NAME	PRIDGEN, VIRGINIA D
STREET ADDRESS	40B, HWY 181 WEST
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	MGRM
NAME	DIXON, CAROLYN
STREET ADDRESS	PEACOCK ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000381489  
01/11/06-80055-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**850-834-2204**

**01-03-06**